



SHALLOTTE DIXIE YOUTH BASEBALL & SOFTBALL REGISTRATION

Date: January 16th, 23rd & 30th

Time: 9 am – 12 pm

Place: Shallotte Middle School Cafeteria

Registration Fee - \$50.00

You may complete the application on the reverse side and mail with
registration fee to:

*Shallotte Dixie Youth
PO Box 2907
Shallotte, NC 28459*

Shallotte Dixie Youth Baseball/Softball
PO Box 2907
Shallotte, NC 28459

League Use Only: League Age _____
League/Team _____ Coach _____
Birth Certificate _____ Paid _____

REGISTRATION FORM

Name _____ Date of Birth _____

Physical Address _____

Mailing Address _____

Home Phone _____ Parent's Work Phone _____ Cell Phone _____

E-mail Address _____

PARENTAL AUTHORIZATION

I, parent or guardian of the above named candidate for a position in the above mentioned baseball program, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I also grant permission to the managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment. I agree to return upon request the uniform and other equipment issued to the player in as good a condition as when received, expect for normal wear and tear. **I will furnish a birth certificate of the above named candidate upon request by league officials.**

I do hereby agree for my child to play with any team to which he/she is assigned for this season.

Signature of Parent or Guardian	Print Name	Relationship	Date
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Did you play with Shallotte DYB/S last year? _____ If so, what league/team/coach? _____

SIZES

Shirt Size (check one) Youth Small _____ Youth Medium _____ Youth Large _____
Adult Small _____ Adult Medium _____ Adult Large _____

Pant Size (check one) Youth XSmall _____ Youth Small _____ Youth Medium _____ Youth Large _____
Adult Small _____ Adult Medium _____ Adult Large _____

PARENTS

Would you be interested in **sponsoring a team**? _____ (T-Ball \$350, All Others \$400)

Would you be interested in a **field sign**? _____ (New signs \$200, with 3 year renewal @\$125 each)

Can you coach or assist? _____

COMMENTS: